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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/524,890	02/16/2005	Yukinori Sawa	009682-145	5884

21839 7590 08/03/2006

BUCHANAN, INGERSOLL & ROONEY PC  
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EXAMINER

NGUYEN, TUAN N

ART UNIT PAPER NUMBER

3751

DATE MAILED: 08/03/2006

Please find below and/or attached an Office communication concerning this application or proceeding.



Serial No. : 10/524,890  
Applicant : Yukinori SAWA  
Filing Date : February 16, 2005  
Date Mailed : August 3, 2006

## ACKNOWLEDGEMENT OF REQUEST

### *Notice of Allowance/Allowability Mailed*

The request for a corrected notice of allowance/allowability, dated April 11, 2006, has been received by the U.S. Patent and Trademark Office. A corrected notice of allowance/allowability will not be mailed, but the Office has verified the following information, and made any necessary corrections to Office computer data:

- The error in the title has been corrected as shown on the attached Bibliographic Data Sheet.

Derek Jackson  
For the Office of Patent Publication



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## \*BIBDATASHEET\*

CONFIRMATION NO. 5884

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/524,890	<b>FILING OR 371(c) DATE</b> 02/16/2005 <b>RULE</b>	<b>CLASS</b> 401	<b>GROUP ART UNIT</b> 3751	<b>ATTORNEY DOCKET NO.</b> 009682-145	
<b>APPLICANTS</b> Yukinori Sawa, Gunma, JAPAN;  <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/JP03/11383 09/05/2003 <b>** FOREIGN APPLICATIONS *****</b> JAPAN 2002-261340 09/06/2002 JAPAN 2002-261426 09/06/2002					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 6	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 21839					
<b>TITLE</b> CAPLESS WRITING INSTRUMENT					
<b>FILING FEE RECEIVED</b> 1200	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		